

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889234

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2	✓					
3	✓					
4	✓					
5	✓					
6	✓					
7	✓					
8	✓					
9	✓					
10	✓					
11	✓					
12	✓					
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31	✓					
32			✓			
33				✓		
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35				✓		
36				✓		
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39				✓		
40				✓		
41				✓		
42				✓		
43				✓		
44				✓		
45				✓		
46				✓		
47				✓		
48				✓		
49			✓			
50			✓			
TOTAL IND.	✓		✓			
TOTAL DEP.						
TOTAL CLAIMS	42		30			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				✓		
52				✓		
53				✓		
54				✓		
55				✓		
56				✓		
57				✓		
58				✓		
59				✓		
60				✓		
61				✓		
62				✓		
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS